

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030624

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7839

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED AUG 9 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4606A Cottage Ave	
3. NAME OF DECEASED First Middle Last Willie Weaver		4. DATE OF DEATH Month Day Year 7 30 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-10-1910
9. AGE (last birthday) 52		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Federal Paper Stock Co	
11. BIRTHPLACE (City and state or country) Starville, Miss		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Rodman Weaver		13b. MOTHER'S MAIDEN NAME Irena Brooks	
14. NAME OF HUSBAND OR WIFE Hazel Weaver		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Necrotizing Pancreatitis DUE TO (c) Chronic Alcoholism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address Hazel Weaver 4606 a.Cottage Ave	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 3272		20c. TIME OF INJURY Hour a.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, shop, etc.) 8:03 AM	
20f. CITY, TOWN, OR LOCATION 7-29-63 - 7-30-63		20g. COUNTY and last saw him alive on 7-30-63	
21. I attended the deceased from 7-29-63 1:55 P. to 7-30-63		22. SIGNATURE (Degree or title) J.D. Roberts M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/5/63	
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) Berkeley City Missouri	
24. FUNERAL DIRECTOR C.W. Roberts Und.Co 1416 N.Taylor Ave		25. DATE RECD. BY LOCAL REG. AUG 1 1963	
26. REGISTRAR'S SIGNATURE Loan Smith M.D.		22c. DATE SIGNED 7-31-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Patient Admitted 7-29-63, 8:03 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.